

DRAFT Community Services and Supports Program and Expenditure Plan Requirements – Overview Conference Call



Mental Health Services Act –
Community Services and Supports (CSS)
Conference Call #1

Thursday February 24, 2005
3:00 PM – 4:00 PM

TOLL FREE CALL IN NUMBER: 1-877-366-0714
NO PASSWORD NEEDED
TTY# 1- 800-735-2929



CSS Conference Call #1 AGENDA

Thursday, February 24, 2005 3:00 pm

- 3:00 Welcome and Purpose of Conference Call – Bobbie Wunsch
- 3:02 Review Agenda and Conference Call Process – B. Wunsch
- 3:05 Review Purpose of CSS Document including
Statewide Outcomes, Essential Elements, Funding
– Carol Hood
- 3:10 Review Document Sections I - IV - Carol Hood
- 3:20 Questions and Answers – Bobbie Wunsch and DMH Staff
- 3:35 Review Document Sections V-IX – Carol Hood
- 3:45 Questions and Answers – Bobbie Wunsch and DMH Staff
- 3:58 Next Steps and March 2 Conference Call – Bobbie Wunsch
- 4:00 Adjourn



Purpose of Document

- Community Services and Supports is the second component of Act to be addressed
 - Community Planning Process is being implemented
- Counties are required to submit three-year plans
- Document sets forth draft requirements for county program and expenditure plans



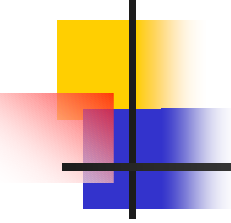
Purpose of Document cont.

- Document is intended to
 - be prescriptive,
 - assure consistency with MHSA,
 - move toward system transformation,
 - produce meaningful and measurable outcomes statewide.



Statewide Outcomes (p.2)

- Meaningful use of time and capabilities
- Safe housing
- A network of supportive relationships
- Access to help in a crisis
- Reduce incarceration
- Reduce involuntary services



Five Essential Elements for Plans (pp. 4-5)

- Key concepts/beliefs which must be reflected throughout each plan
 - Collaboration
 - Cultural Competence
 - Client/family driven system
 - Wellness focus
 - Integrated Service Experience



Types of Funding (p. 6)

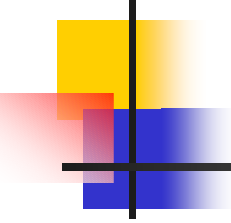
- Enrolled member service funds
 - Funds for specified numbers of consumers/families in each age group that will be served in the first three years
- System capacity funds
 - Funds for structural, service and support strategies designed to operationalize system transformation
- Conditions – Expansion, Non-supplantation, Review provisions



Organization of Document

(p. 7)

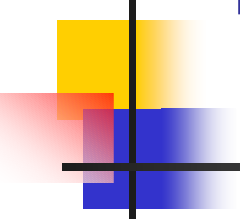
- County Plan Requirements document is organized into 9 sections—county responses must follow this format
- Each section is further organized
 - Direction
 - What DMH is looking for in this section
 - Response
 - Series of items which counties must respond to in their applications



Section I: Results of Public Planning Process (pp.8-10)

- Requires counties to describe their planning process and show how they met the planning requirements in DMH Letter 05-01
- Appendix A- County Readiness Self-Assessment is attached as a planning tool

Section II: Identifying Issues As a Result of Untreated Mental Illness (pp.10-11)



- Counties must identify the community issues identified in the MHSA that their community will focus on in first 3-yr. Plan
- Provide information by each age group
- A couple of examples are
 - Children/youth—juvenile justice involvement
 - Transition Age and Adults—Homelessness
 - Older Adults—risk of institutionalization



Section III: Analyzing Mental Health Needs in the Community (pp.11-15)

- Each county must analyze its mental health treatment needs, including the numbers of clients and family members that are unserved and underserved or inappropriately served
 - State will not provide direction on how to determine this
- Counties must pay particular attention to ethnic disparities, must also address individuals with special needs
- References to resources to help with this task



Section III: Analyzing Mental Health Needs in the Community

- Description of situational characteristics of the unserved numbers by age group (i.e., youth in juv. hall, homeless adults, etc.)
- If needs assessment also identified underserved who do not meet “at risk” criteria, provide numbers, methodology and justification if requesting funding to serve

Section IV: Identifying Focal Populations for Enrollment (pp. 15-18)



- Direction
 - Although intent is that eventually all meeting criteria of MHSA will be enrolled, phase in will start with this plan
 - Counties must identify populations they will start with
 - Encouraged to start “small and smart”



Section IV: Identifying Focal Populations for Enrollment

- Direction as to Specific Populations (consistent with MHSA and DMH priorities – by age group)
 - Children/youth and families – Have SED, unserved or underserved- generally uninsured, in juv. justice system, youth placed out of county, at risk of out-of-home placement



Section IV: Identifying Focal Populations for Enrollment

- Transition Age Youth (TAY) – With SED, unserved or underserved homeless or at risk of, aging out of public systems, and/or have experienced a first episode of major mental illness
- Adults – with SMI including co-occurring SA, unserved or underserved and homeless or at risk of, involved in the criminal justice system or at risk of, and/or at risk of institutionalization.



Section IV: Identifying Focal Populations for Enrollment

- Older Adults –
 - 60 and over with SMI, including co-occurring disorders
 - Unserved or underserved and
 - Have a reduction in functioning, are homeless or at risk of, and/or at risk of institutionalization , nursing home care, hospitalizations and ER services.



Section IV: Identifying Focal Populations for Enrollment

- This section also describes the commitment counties must make to enrolled clients and families
 - To do “whatever it takes” to assist client/families to achieve their goals
 - To assign a Personal Service Coordinator/case manager to each member
 - To have low enough caseloads to respond to needs 24/7
 - To submit service, assessment and indicator/outcome information for each enrollee (Appendix B describes performance measurement strategies)



Section V: Identifying Strategies for System Capacity Funding (pp.19-28)

- Direction:

- Counties must identify service needs consistent with intent and purpose of MHSA
- DMH examples of structural, services and support strategies by age group (pp.19-27)
- Counties are encouraged to provide intergenerational services and services must be culturally sensitive and competent
- DMH has provided planning checklists as tools to assist planners with transformational concepts and principles (Appendices C and D)



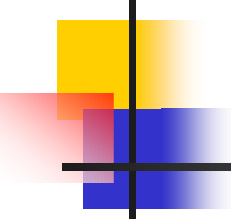
Section VI: Assessing Capacity (pp. 28-29)

- Direction: The Act requires DMH to assess capacity of each county to carry out their plan – this section provides DMH with data and information to do this. Counties must update their organizational and service provider assessment.



Section VII – Developing a Workplan with Timeframes (pp. 29-31)

- Directions – This section is to include a detailed workplan, essential for DMH in assessing county capacity and for establishing performance measures for the county's performance contract



Section VIII: Developing the Budget (p. 31)

- Format and instructions to be provided in mid-March.



Section IX: Local Review and Public Hearing (p. 31)

- Direction – Provides MHSA requirements for review and mental health board review requirements
- Response – Three items:
 - Process for review
 - Documentation of MHB public hearing
 - Summary and analysis of substantive recommendations for revision



Next Steps

- Stakeholder Input on the DRAFT program requirement
 - Complete input by early April
- Estimated date for finalizing requirements is May 1, 2005